JUL 0 6 2006

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/788,468	
Filing Date	March 1, 2004	
First Named Inventor	Junichi YANAGIHARA	
Group Art Unit	2816	
Examiner Name	Kenneth B. Wells	
Attorney Docket Number	031048-0	

			Examiner Name	Kenneth B. Wells			
Total Number of Pages in This Submission			Attorney Docket Number	031948-9			
ENCLOSURES (check all that apply)							
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Contact Cont	tion and Power of Attorney ng-related Papers to Convert to a Provisional	□ After Allowance Communication to Group □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter □ Application Data Sheet □ Request for Corrected Filing Receipt with Enclosures □ A self-addressed prepaid postcard for acknowledging receipt □ Other Enclosure(s) (please identify below): Attachment 1 - marked up Fig. 1 of cited prior art reference to Altmann 6,448,848 Attachment 2 - teaching reference directed to Thevenin's, Norton's, and Maximum Power Transfer Theorems			
	Remarks The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.						
			ICANT, ATTORNEY, O	DR AGENT			
Firm or Individual name	, Reg. No. 38,434 ody LLP et, N.W.						
Signature		42					
Date	July 3, 200	6					
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail StopA							
Date			T	Signature LuAiv C. Ab			
1			Турс	ed or printed name			

FEE TRANSMITTAL JL 0 6 2006 FOR FY 2005 Path fees are subject to annual revision. Application and a property status. See 37 CFR 1.27 TOTAL MOUNT OF PAYMENT (\$)120.00

Complete if Known					
Application Number	10/788,468				
Filing Date	03/01/2004				
First Named Inventor	Junichi YANAGIHARA	4			
Examiner Name	Kenneth B. Wells				
Art Unit	2816				
Attorney Docket No.	031948-9				

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)									
Check	Credit Card Money Other None			3. A	3. ADDITIONAL FEES						
Deposit Ac	count:			Large	Entity	Small	Entity				•
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1. BASIC FIL	ING FEE			1255	2,160	2255	1,080	Extension	for reply within f	ifth month	
Large Entity	Small En Fee F	•		1401	500	2401	250	Notice of A	Appeal		
Fee Fee Code (\$)	Fee Fo		ee Paid	1402	500	2402	250	Filing a bri	ief in support of a	in appeal	
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1001 300	2001 1	50 Utility filing fee		1451	1,510	1451	1,510	Petition to	institute a public	use proceeding	
1002 200	2002	00 Design filing fee		1452	500	2452	250	Petition to	revive – unavoid	able	
1003 200	2003 1	.00 Plant filing fee		1453	1,500	2453	750	Petition to	revive – unintent	ional	
1004 300		50 Reissue filing fee		1501	1,400	2501	700	Utility issu	e fee (or reissue)		
1005 200		00 Provisional filing fee		1502	800	2502	400	Design issu	ue fee		
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	S	UBTOTAL (1) (\$) 0		1460	130	1460	130	Petitions to	the Commission	ner	
		(4) 0		1807	50	1807	50	Processing	fee under 37 CF	R 1.17(a)	
2. EXTRA	CLAIM FI	EES FOR UTILITY AND R	EISSUE	1806	180	1806	180	_	n of Information	· -	
		Fee from		8021	40	8021	40	Recording	each patent assig	nment per property	
Total Claims	-20*	Extra Claims below * = X = =	Fee Paid 0	1809	790	2809	395		ber of properties bmission after fir 120(2))		
Independent [-3**	= X = =	0	1810	790	2810	395	-	dditional invention	on to be examined	
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Large Entity Fee Fee	Small Er Fee F	ntity ee <u>Fee Description</u>		1802	900	1802	900	Request for		ination of a design	
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1202 50	2202 2	5 Claims in excess of 20									<u></u>
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1203 360	2203 18	 Multiple dependent claim, 	if not paid	*Kedu	ced by Ba	ISIC FILL	ng Fee Paid		SUBTUTAL	(3) [(\$)120.00	
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**or number previously paid, if greater; For Reissues, see above							ted by facs ark Office a		late shown below	to the United States Pa	atent and
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SUBMITTED	БY	Luan C. Do		Regist	ration N	o. T	38,434		Complete (if a	applicable) (202) 585-800(,
Name (Print/Ty	pe)	Luan C. DO			ney/Agen		JO,+J4		Telephone	<u> </u>	,
Signature		V2							Date	July 3, 2006	